

MONTANA PROFESSIONAL ASSISTANCE PROGRAM, INC.

The Montana Professional Assistance Program, Inc. is a private, non-profit 501(c)(3) corporation created to serve the rehabilitation needs of licensed physicians throughout the State of Montana. Its mission is to provide advocacy, monitoring and support services to health care professionals with conditions of impairment under separate contracts with the Montana Board of Medical Examiners and the Board of Dentistry. Services include community education and outreach, intervention, appropriate referral, reintegration, and aftercare for program participants and referrals.

The MPAP is structured to provide for early diagnosis and intervention, appropriate evaluation and treatment referrals, and meaningful structured rehabilitation for impaired practitioners before they become incompetent, develop serious or fatal physical disorders, and/or endanger the health and welfare of their patients. The philosophy of the program is that illness or impairment is not always synonymous with incompetence.

MPAP has provided professional advocacy and aftercare monitoring services to licensed physicians in Montana since 1986. Over the years, we have been involved in 414 cases of suspected impairment involving medical professionals. This figure includes 328 physicians referred for consultation and/or evaluation, and 153 physicians who subsequently received treatment and were monitored. Presently, the program has a total of 55 active participants, which includes 42 physicians, nine dentists, one acupuncturist, and two EMTs. Rate of successful rehabilitation for all participants since program inception is 87%.

It is important to note that physicians must feel free to seek help for mental health problems before they shall do so willingly. A number of factors contribute to a physician's likelihood to seek help. These factors include training and education regarding conditions which may affect their ability to practice, assurance of confidentiality of patient records, dissemination of information regarding pertinent statutes and rules of conduct, and fostering a physician health system which encourages self-referral free from punitive measures. A rehabilitative posture is paramount to assuring an environment in which physicians are free to seek help for personal problems which may impact their ability to practice medicine with reasonable skill and safety.

MPAP supports the position that early identification and intervention is sound public policy with respect to physician health problems.

Currently, physician colleagues and hospital administration represent the largest referral source at 40%, followed by the Medical Board at 24%, while self-referrals have been reported in 20% of total MPAP referrals. Over time, an increase in the frequency of self-referrals and collegial-referrals, with concurrent reduction in frequency of board referrals indicates a positive trend toward a rehabilitative posture. Additionally, ratio of physician referrals and participants who are known to the board vis a vis those who are unknown to the board is yet another indicator of a healthy professional assistance program. Currently, the Board of Medical Examiners officially knows the identity of 60% of all referrals and 50% of all active participants under their auspices. It is our hope that more and more, program participants will voluntarily enter the MPAP, whether by means of self-referral, or at the urging of professional colleagues, family or friends. Confidentiality is stressed as one of the cornerstones of the program. The MPAP feels that practitioners, colleagues, family and friends are more likely to be successful in convincing an impaired practitioner to seek help voluntarily when there are no harsh punitive overtones, threats of public embarrassment, or threat to the practitioner's ability to continue his or her professional practice.

Notwithstanding the desire of the MPAP to extend confidential help and assistance to impaired practitioners, the program is bound by state statute to report to the professional licensing board a practitioner who is (a) medically incompetent; (b) mentally or physically unable to safely engage in the practice of medicine; and (c) guilty of unprofessional conduct.

In addition, the MPAP reserves the right to report to the licensing board those individuals who (a) have a clearly definable problem and refuse to seek treatment; or (b) those individuals who have received treatment but fail to adhere to the requirements of their aftercare monitoring contract. New administrative rules governing reporting requirements of the Professional Assistance Program recently were approved and become effective August 11, 2006 (*cf ARM 24.156.401 ff*).